

Oaklands Hospital

Quality Account 2017/18

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Welcome to Ramsay Health Care UK

Oaklands Hospital is part of the Ramsay Health Care Group

The Ramsay Health Care Group, was established in 1964 and has grown to become a global hospital group operating over 100 hospitals and day surgery facilities across Australia, the United Kingdom, Indonesia and France. Within the UK, Ramsay Health Care is one of the leading providers of independent hospital services in England, with a network of 31 acute hospitals.

We are also the largest private provider of surgical and diagnostics services to the NHS in the UK. Through a variety of national and local contracts we deliver 1,000s of NHS patient episodes of care each month working seamlessly with other healthcare providers in the locality including GPs, Acute Trusts and Clinical Commissioning Groups

Statement from Dr. Andrew Jones, Chief Executive Officer, Ramsay Health Care UK

“The delivery of high quality patient care and outcomes remains the highest priority to Ramsay Health Care. Our clinical staff and consultants are critical in ensuring we achieve this across the whole organisation and we remain committed to delivering superior quality care throughout our hospitals, for every patient, every day. As a clinician I have always believed that our values and transparency are the most important elements to the delivery of safe, high quality, efficient and timely care.

Ramsay Health Care’s slogan “People Caring for People” was developed over 25 years ago and has become synonymous with Ramsay Health Care and the way it operates its business. We recognise that we operate in an industry where “care” is not just a value statement, but a critical part of the way we must go about our daily operations in order to meet the expectations of our customers – our patients and our staff.

Everyone across our organisation is responsible for the delivery of clinical excellence and our organisational culture ensures that the patient remains at the centre of everything we do. At Ramsay we recognise that our people, staff and doctors, are the key to our success and our teamwork is a critical part of meeting the expectations of our patients.

Whilst we have an excellent record in delivering quality patient care and managing risks, the company continues to focus on global and UK improvements that will keep it at the forefront of health care delivery, such as our global work on speaking up for safety, research collaborations and outcome measurements.

I am very proud of Ramsay Health Care’s reputation in the delivery of safe and quality care. It gives us pleasure to share our results with you.”

Dr. Andrew Jones

Chief Executive Officer

Ramsay Health Care UK

Introduction to our Quality Account

This Quality Account is Oaklands Hospital's annual report to the public and other stakeholders about the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient experience and demonstrates that our managers, clinicians and staff are all committed to providing continuous, evidence based, quality care to those people we treat. It will also show that we regularly scrutinise every service we provide with a view to improving it and ensuring that our patient's treatment outcomes are the best they can be. It will give a balanced view of what we are good at and what we need to improve on.

Our first Quality Account in 2010 was developed by our Corporate Office and summarised and reviewed quality activities across every hospital and treatment centre within the Ramsay Health Care UK. It was recognised that this didn't provide enough in depth information for the public and commissioners about the quality of services within each individual hospital and how this relates to the local community it serves. Therefore, each site within the Ramsay Group now develops its own Quality Account, which includes some Group wide initiatives, but also describes the many excellent local achievements and quality plans that we would like to share.

Part 1

1.1 Statement on quality from the General Manager

“Ramsay Health Care UK continues to establish a patient centred culture in every level of our organisation, and this is a key element of the vision established at Oaklands Hospital. That vision is to be safe, effective and deliver a good experience to all, something we strive for every day. Ramsay

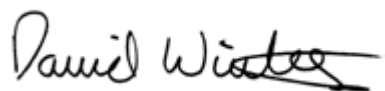
Health Care UK has a structured clinical governance framework that enables continual review of performance, which allows us to drive improvements for the benefit of all patients. Our CQC inspection in July 2017 highlighted this vision and culture throughout our report and resulted in an overall ‘Good’ rating.

This Quality Account not only accurately documents through collated data our achievements in delivering excellent services, but also highlights the areas that we need to improve upon.

Our Quality Account is information for our patients and Commissioners to assure them that we are committed to sharing our progressive achievements year on year.”

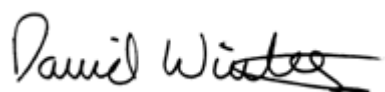
David Winters, General Manager

Oaklands Hospital



1.2 Hospital Accountability Statement

To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.



David Winters

General Manager

Oaklands Hospital

Ramsay Health Care UK

This report has been reviewed and approved by:

Mr Henry Maxwell MAC Chair



Welcome to Oaklands hospital

Oaklands Hospital is one of Greater Manchester's leading private hospitals with a reputation for delivering high quality healthcare treatments and services.

Located in Salford the hospital opened in 1990 and is registered for 26 patient rooms, (17 bedrooms, an 8-bedded day surgery facility

Oaklands Hospital has 3 Theatres with laminar flow, and 1 Minor Ops/Endoscopy Suite.

Oaklands Hospital provides fast, convenient, effective and high quality treatment for patients above age 18 whether medically insured, self-funding or from the NHS. The Hospital offers a comprehensive range of treatments and services including ENT procedures, Plastic Surgery, Dermatology, Gynaecology, General Surgery, Orthopaedics, Ophthalmic and Urological procedures.

Diagnostic facilities include CT, ultrasound, MRI and DEXA for bone density, in addition to general radiology.

Our physiotherapy clinic is staffed with Chartered, HCPC registered physiotherapists

All of the Hospital's Consultants are highly experienced and have patient care and safety as their highest priority. All patients have the reassurance that a resident doctor is available 24 hours per day.

In 2017/18 we had 5065 admissions of which 94% were NHS funded patients.

NHS patients are seen and treated for the same cost to the NHS as NHS patients attending any NHS hospital.

Any patient can choose to come to Oaklands and we accept referrals directly from GPs via the eReferral Service (eRS) and work alongside our main NHS Commissioner, Salford CCG as well as doing some contracted work with Salford Royal Foundation Trust. We have links with our local GP practices and have a GP liaison officer who regularly visits practices to develop relationships and is the main link between the GPs and Oaklands. We regularly provide free education sessions for

patients, community groups and GPs in the locality. The sessions are led by some of our Consultants and have been highly rated by patients and clinical staff alike.

Part 2

2.1 Quality priorities for 2017/2018

Plan for 2017/18

On an annual cycle, Oaklands develops an operational plan to set objectives for the year ahead.

We have a clear commitment to our private patients as well as working in partnership with the NHS ensuring that those services commissioned to us, result in safe, quality treatment for all NHS patients whilst they are in our care. We constantly strive to improve clinical safety and standards by a systematic process of governance including audit and feedback from all those experiencing our services.

To meet these aims, we have various initiatives on going at any one time. The priorities are determined by the hospitals Senior Management Team taking into account patient feedback, audit results, national guidance, and the recommendations from various hospital committees which represent all professional and management levels.

Most importantly, we believe our priorities must drive patient safety, clinical effectiveness and improve the experience of all people visiting our hospital.

Priorities for improvement

2.1.1 A review of clinical priorities 2017/18 (looking back)

We had 4 clinical priorities in 2017/18 and have achieved excellent progress in achieving those.

1. CQC

Our services were re-inspected in July 2017 and we are pleased that we achieved an overall 'Good' when the CQC published their report in December 2017. We still had some actions which needed to be completed and had an action plan to work through which is contained in appendix 1.

2. Patient records

Patient records were reviewed and our audits showed an improvement of the record keeping standards. We still await the implementation of an electronic patient records system; this is still being rolled out across Ramsay hospital sites and will be implemented as soon as feasible at Oaklands

3. Safeguarding/PREVENT

We have ensured that all staff have undertaken their mandatory Safeguarding and Prevent training; this is annual mandatory training. We must provide evidence to our Commissioners to ensure that our staff are trained as required.

4. Information security

Information security has remained a high priority and all staff have completed their mandatory training requirement. We have undergone an Information Security internal audit and have some actions in place as a result of this audit.

Carried forward from the 2016/17 Quality Account there was to be a focus on attaining JAG Accreditation (Joint Advisory Group on Gastrointestinal Endoscopy). Due the challenges that we have faced during this period, working towards JAG accreditation has had to be put on hold in order to focus on our improvement plans. JAG accreditation will be a focus for the next period.

2.1.2 Clinical Priorities for 2018/19 (looking forward)

Our clinical priorities for 2018/19

2.1.2.1 Collaborative working with our stakeholders to reduce the issues and delays in the system and to enable patients to book an appointment and be seen and treated as quickly as possible, and discharged with minimal delays or disruption.

This means that we will meet with stakeholder including GPs and Commissioners including CCG commissioners and local NHS Trust commissioners to report on the safety of our services and our patient experience. We will work together to address any concerns or issues our stakeholders may have.

In order to achieve this we will;

- Develop a patient flow chart and process which we will share with our stakeholders.
- Provide evidence and information to support our processes and act on intelligence and feedback to ensure the pathway facilitates patient flow
- Report monthly on our Key Performance Indicators (KPI) to our stakeholders
- Work closely with our referrers and provide support to enable them to refer to Oaklands
- Act on concerns or issues raised about patients' discharge or admission episodes
- Improve the timeliness and quality of patient discharge letters and outpatient letters
- Facilitate a programme of education for both patients and GPs to enable them to make informed decisions about referring to Oaklands
- Reporting quarterly on our CQUIN quality improvement targets

We will know if this has been successful by;

- Our stakeholders giving feedback about our performance
- Meeting our CQUIN targets for all 4 quarters in 2018/19

2.1.2.2 We will implement a programme of clinical supervision for our staff.

We have had a lot of new staff starting at Oaklands over the past year and we want them to work in a way which encompasses the Ramsay Values;

- We are caring, progressive, enjoy our work and use a positive spirit to succeed
- We take pride in our achievements and actively seek new ways of doing things better
- We value integrity, credibility and respect for the individual We build constructive relationships to achieve positive outcomes for all
- We believe that success comes through recognizing and encouraging the value of people and Teams
- We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty
- Patient experience will be positive

In order to ensure that all our staff are working to these values and to the standards we expect as directed by our Policies and Procedures, we will develop a programme of clinical supervision which will be led by our Heads of Departments (HODs).

Our HODs are highly qualified and experienced and are able to develop, coach and mentor staff in their job role in order for them to achieve the highest clinical standards and to ensure that they have embedded the Ramsay Values into their everyday working ethics.

We will know if this has been successful by;

- Development of a programme of supervision for each clinical job role
- Each Clinical HOD will have undertaken progressive and documented clinical supervision sessions with each member of staff
- Clinical supervision will be referenced in Personal Development Reviews (PDRs) and at team meetings
- Clinical HODs will be required to report on progress of their clinical supervision with staff to Matron at their monthly one-to-one meetings.
- Patient feedback will be positive

2.1.2.3 We will work with patients to gain patient experience feedback and implement service improvements as a result of that feedback.

In order to achieve this we will;

- Encourage staff to ask patients for their feedback.
- Matron to write to staff (including consultants) to recognise when a patient names them in a positive way in feedback.
- Facilitate additional ways for patients to feedback for example, by telephone contacts
- Encourage patients to feedback using surveys, Friends and Family Test and feedback cards.
- Display feedback received from patients on the patient areas
- We understand that a large number of our patients visit us for one episode of care and often that episode of care may, in the case of joint replacement surgery, reduce their mobility and ability to travel to Oaklands. In order increase the number of potential patients who may want to be involved in a patient group, we will develop a 'virtual patient group' where patients are involved more deeply with issues and service improvement by email or teleconferences.
- Share patient feedback and improvements with staff

We will know if we have been successful by;

- The volume of patient experience has increased
- The number of initiatives and service improvements will have increased
- Local intelligence from our stakeholders will show an increase in feedback
- Patient experience will be positive

2.1.2.4 Achieving JAG Accreditation

We will work through the requirements for this accreditation which includes the replacement and upgrade of the of endoscopy equipment

We will know if we have been successful by achieving JAG accreditation

2.2 Mandatory Statements

The following section contains the mandatory statements common to all Quality Accounts as required by the regulations set out by the Department of Health.

2.2.1 Review of Services

During 2017/18 Oaklands Hospital provided thirteen NHS services.

Salford CCG has reviewed all the data available to them on the quality of care in thirteen of these NHS services.

The income generated by the NHS services reviewed in 1 April 2017 to 31st March 18 represents 94% per cent of the total income generated from the provision of services by the Oaklands Hospital for 1 April 2017 to 31st March 18

Ramsay uses a balanced scorecard approach to give an overview of audit results across the critical areas of patient care. The indicators on the Ramsay scorecard are reviewed each year. The scorecard is reviewed each quarter by the hospitals senior managers together with Regional and Corporate Senior Managers and Directors. The balanced scorecard approach has been an extremely successful tool in helping us benchmark against other hospitals and identifying key areas for improvement.

In the period for 2017/18, the indicators on the scorecard which affect patient safety and quality were:

Human Resources

- Staff Cost % Net Revenue
- HCA Hours as % of Total Nursing

- Agency Cost as % of Total Staff Cost
- Ward Hours PPD
- % Staff Turnover
- % Sickness
- % Lost Time
- Appraisal %
- Mandatory Training %
- Staff Satisfaction Score
- Number of Significant Staff Injuries

Patient

- Formal Complaints per 1000 HPD's
- Patient Satisfaction Score
- Significant Clinical Events per 1000 Admissions
- Readmission per 1000 Admissions

Quality

- Workplace Health & Safety Score
- Infection Control Audit Score
- Consultant Satisfaction Score

2.2.2 Participation in clinical audit

During 1 April 2017 to 31st March 2018 Oaklands Hospital participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Oaklands Hospital participated in, and for which data collection was completed during 1 April 2017 to 31st March 2018, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit / Clinical Outcome Review Programme	% Consent rate
National Joint Registry (NJR)	2017/18 100%
Elective surgery (National PROMs Programme) Hernia	207/18 95%

Local Audits

The reports of 2 local clinical audits from 1 April 2017 to 31st March 2018 were reviewed by the Clinical Governance Committee and Oaklands Hospital intends to take the following actions to improve the quality of healthcare provided.

Share results of the audit with the anaesthetists and re-audit their medical records later in 2018

Implemented a new form for procedures to ensure that Effective Use of Resources (EUR) criteria are met for relevant surgical procedures. Re-audit of those procedures in August 2018 to ensure that only patients who meet the EUR criteria have those surgical procedures.

The Ramsay clinical audit schedule can be found in Appendix 2. Where audits do not score 100% a local action plan is developed to address the issues preventing 100% compliance. Re-audit is carried out to check that the actions have resulted in improved quality and improved compliance with standards. Progress with action plans is monitored at the Quality Meeting.

2.2.3 Participation in Research

There were no patients recruited during 2017/18 to participate in research approved by a research ethics committee.

2.2.4 Goals agreed with our Commissioners using the CQUIN (Commissioning for Quality and Innovation) Framework

A proportion of Oaklands Hospital income in from 1 April 2017 to 31st March 2018 was conditional on achieving quality improvement and innovation goals agreed and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are below

Goal Number	Indicator Number	Indicator Name
National 1	1c	Improvement of staff health and wellbeing - Flu uptake
National 2	2a	Timely Identification of sepsis in emergency departments and acute inpatient settings
National 2	2b	Timely treatment of sepsis in emergency departments and acute inpatient settings
National 2	2c	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.
National 6	6	Advice and Guidance
National 7	7	E-referrals

2.2.5 Statements from the Care Quality Commission (CQC)

Oaklands Hospital is required to register with the Care Quality Commission and its current registration status on 31st March 2018 is registered without conditions.

At our re-inspection in July 2017, reported in December 2017 we were rated as 'Good' overall

Please see Appendix 1 for CQC action plan

Our most recent inspection report can be found here

<https://www.cqc.org.uk/location/1-128733032/reports>

Oaklands Hospital has made the progress as of 30th April 2018 identified in the CQC action plan contained in appendix 1.

2.2.6 Data Quality

Our medical records audit has shown a consistent improvement in scores during the audit programme July 2017 to March 2018 and has maintained an overall score of over 90% compliance across all standards for record keeping

Oaklands Hospital will be taking the following actions to improve data quality.

Re-audit anaesthetists' records and share results in order to improve standards.

As part of the clinical supervision work we will be monitoring individual staff's data quality

NHS Number and General Medical Practice Code Validity

The Ramsay Group submitted records during 2015/16 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data included:

The patient's valid NHS number:

- 99.98% for admitted patient care;
- 99.96% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

The General Medical Practice Code:

- 100% for admitted patient care;
- 99.99% for outpatient care; and
- Accident and emergency care N/A (as not undertaken at Ramsay hospitals).

Information Governance Toolkit attainment levels

Ramsay Group Information Governance Assessment Report overall score for 2017/18 was 83% and was graded 'green' (satisfactory).

Assessment	Stage	Overall Score	Self-assessed Grade ?	Reviewed Grade ?	Reason for Change of Grade ?
Version 14.1 (2017-2018)	Published	83%	Satisfactory	n/a	n/a

Clinical coding error rate

Oaklands hospital was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

2.2.7 Stakeholders views on 2017/18 Quality Account

The Oaklands Hospital, Salford Quality Account for 2017/18 - Statement from NHS Salford Clinical Commissioning Group.

NHS Salford Clinical Commissioning Group (CCG) is the lead commissioner on behalf of other Greater Manchester CCG's for The Oaklands Hospital, Salford. In this role the CCG has responsibility for monitoring the quality and performance of services at The Oaklands and is satisfied that the information contained within this quality account is consistent with that supplied to us throughout the year.

There are a number of ways in which we review and monitor the performance and quality of the services we commission at The Oaklands. As well as monthly quality and contract review meetings attended by commissioners from both the contract management and quality teams, quality assurance visits to services are also undertaken. These mechanisms allow us to triangulate and review the accuracy of the information being presented in order to formulate opinions about the quality of services provided to patients at both organisation and service level.

The Oaklands underwent a comprehensive, announced inspection by the CQC in July 2017. The report was published in December 2017 and an overall 'Good' rating was achieved. This is a vast improvement on the previous rating of inadequate which followed the previous inspection undertaken in October 2016. The CQC identified that The Oaklands should take some actions to improve specifically relation to Safety. The hospital has shared its CQC action plan with commissioners and achievement against this is monitored at the quality and contract meetings.

Quality Assurance Visits which have focused on the action areas identified following the 2016 CQC inspection, have been undertaken throughout 2017/18. The visiting teams have comprised quality, commissioners and CCG clinical leads from NHS Salford CCG. The visits have been very positive with strong assurance gained of the quality and safety of the services being provided.

One serious incident was reported by The Oaklands during 2017/18 which related to a delayed diagnosis, the action plan has been monitored at the quality and contract meetings. No never events have been reported during this period. There have been no reported incidences of C-diff, E Coli, MSSA or MRSA since April 2017. Post-operative infections have been reported on a monthly basis and demonstrate minimal levels of identified post-operative infection attributable to The Oaklands Hospital.

The Oaklands has continued to demonstrate a commitment to improve patient experience and developed a Patient Experience Strategy and action plan for improvement in collaboration with patients, staff, and consultants during 2017/18; the implementation of the plan will continue in 2018/19 as one of the hospitals Clinical Priorities
We will continue to work closely with The Oaklands in 2018/19 to ensure on-going high quality services are provided in line with commissioning priorities.

Francine Thorpe
Director of Quality & Innovation
NHS Salford CCG

June 2018 On the day of publication we are awaiting feedback from the CCG in relation to the Quality Account

Part 3: Review of quality performance 2017/2018

Statements of quality delivery

Review of quality performance 1st April 2017 - 31st March 2018

Introduction

“This publication marks the eighth successive year since the first edition of Ramsay Quality Accounts. Through each year, month on month, we analyse our performance on many levels, we reflect on the valuable feedback we receive from our patients about the outcomes of their treatment and also reflect on professional opinion received from our doctors, our clinical staff, regulators and commissioners. We listen where concerns or suggestions have been raised and, in this account, we have set out our track record as well as our plan for more improvements in the coming year. This is a discipline we vigorously support, always driving this cycle of continuous improvement in our hospitals and addressing public concern about standards in healthcare, be these about our commitments to providing compassionate patient care, assurance about patient privacy and dignity, hospital safety and good outcomes of treatment. We believe in being open and honest where outcomes and experience fail to meet patient expectation so we take action, learn, improve and implement the change and deliver great care and optimum experience for our patients.”

Vivienne Heckford

Director of Clinical Services

Ramsay Health Care UK

Ramsay Clinical Governance Framework 2018

The aim of clinical governance is to ensure that Ramsay develop ways of working which assure that the quality of patient care is central to the business of the organisation.

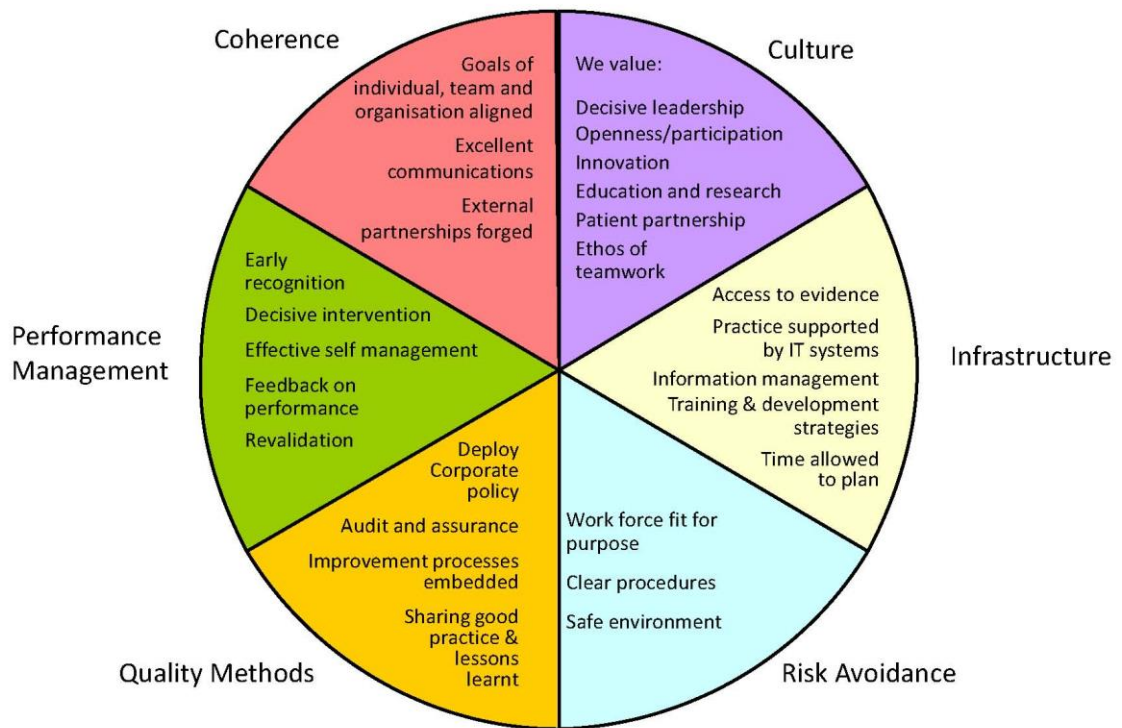
The emphasis is on providing an environment and culture to support continuous clinical quality improvement so that patients receive safe and effective care, clinicians are enabled to provide that care and the organisation can satisfy itself that we are doing the right things in the right way.

It is important that Clinical Governance is integrated into other governance systems in the organisation and should not be seen as a “stand-alone” activity. All management systems, clinical, financial, estates etc., are inter-dependent with actions in one area impacting on others.

Several models have been devised to include all the elements of Clinical Governance to provide a framework for ensuring that it is embedded, implemented and can be monitored in an organisation. In developing this framework for Ramsay Health Care UK we have gone back to the original Scally and Donaldson paper (1998) as we believe that it is a model that allows coverage and inclusion of all the necessary strategies, policies, systems and processes for effective Clinical Governance. The domains of this model are:

- Infrastructure
- Culture
- Quality methods
- Poor performance
- Risk avoidance
- Coherence

Ramsay Health Care Clinical Governance Framework



National Guidance

Ramsay also complies with the recommendations contained in technology appraisals issued by the National Institute for Health and Clinical Excellence (NICE) and Safety Alerts as issued by the NHS Commissioning Board Special Health Authority.

Ramsay has systems in place for scrutinising all national clinical guidance and selecting those that are applicable to our business and thereafter monitoring their implementation.

Oaklands have been working with Salford Clinical Commissioning Group (CCG) to drive up performance reporting in order to provide assurance of quality services. We participate in monthly Contract meeting where we discuss performance indicators and any issues. At those meetings we evidence our work towards compliance with Safeguarding and Equality Diversity and Human Rights (EDHR) action plans. The CCG team have been welcomed into Oaklands for quality inspection visits

during the year. In order to improve patient journey, Oaklands have been working together with local referring GPs to identify and address any issues with referral or discharge.

Oaklands have been working towards recruiting and retaining staff to ensure a good skill mix and safe numbers of well trained staff. This focus on staff training has led to standardised care where all staff have access to mandatory and non-mandatory training. We encourage staff to develop further in work-related training courses and this value being placed on staff has led to staff retention which in turn, raises morale and leads to improved patient experience.

3.1 The Core Quality Account indicators

Mortality Data

Mortality:	Period	Best		Worst		Average		Period	Oaklands	
	Jul 16 - Jun 17	RKE	0.7261	RLQ	1.23	Average	1	2016/17	NVC12	0.0003539
Oct 15 - Sep 16	RKE	0.727	RLQ	1.25	Average	1	2017/18	NVC12	0	

Oaklands hospital considers that this data is as described for the following reasons; there have been no patient deaths in the reporting period

Patient Reported Outcome Measures

PROMS: Hernia	Period	Best		Worst		Average		Period	Oaklands	
	Apr15 - Mar16	NT438	0.157	RVW	0.021	Eng	0.088	Apr15 - Mar16	NVC12	0.117
Apr16 - Mar 17	RD3	0.135	RXL	0.006	Eng	0.086	Apr16 - Mar 17	NVC12	0.087	

PROMS: Veins	Period	Best		Worst		Average		Period	Oaklands	
	Apr15 - Mar16	RTH	3.060	RTE	-18.020	Eng	-8.597	Apr15 - Mar16	NVC12	
Apr16 - Mar 17	RBN	2.117	RCF	-18.076	Eng	-8.248	Apr16 - Mar 17	NVC12	no data	

PROMS: Hips	Period	Best		Worst		Average		Period	Oaklands	
	Apr15 - Mar16	RYJ	24.973	RBK	16.892	Eng	21.617	Apr15 - Mar16	NVC12	21.925
Apr16 - Mar 17	NTPH1	25.068	RAP	16.427	Eng	21.799	Apr16 - Mar 17	NVC12	21.651	

PROMS: Knees	Period	Best		Worst		Average		Period	Oaklands	
	Apr15 - Mar16	NTPH1	19.920	RQX	11.960	Eng	16.368	Apr15 - Mar16	NVC12	16.399
Apr16 - Mar 17	NTPH1	19.849	RAN	12.508	Eng	16.547	Apr16 - Mar 17	NVC12	14.997	

Oaklands hospital considers that this data is as described for the following reasons

Hernia data: Oaklands health gain is slightly higher than national average

Veins data: No data is presented as varicose vein surgery is not undertaken at Oaklands

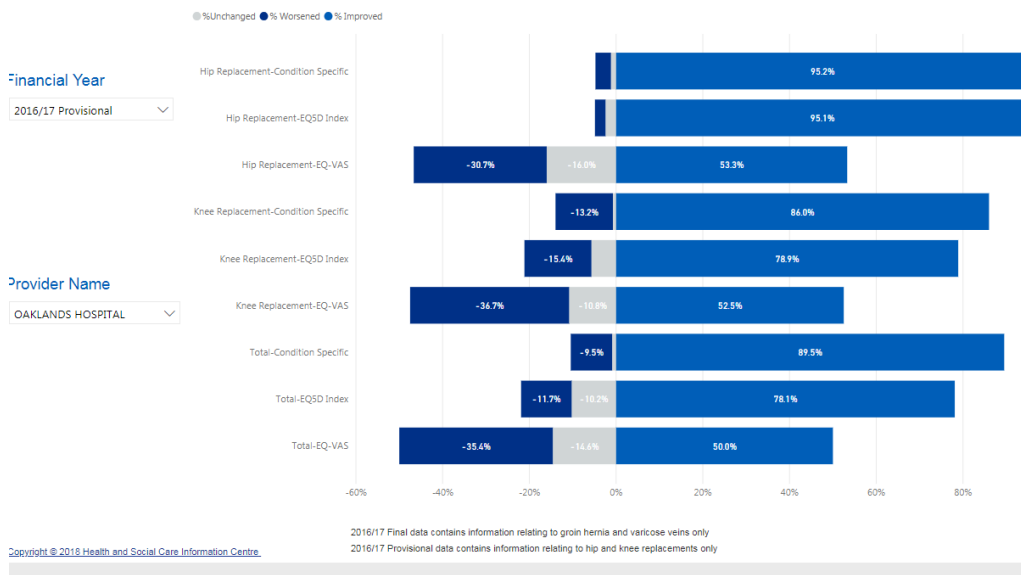
Hips data: Oaklands health gain is slightly below the national average

Knees data: Oaklands health gains are below national average

Oaklands hospital intends to take the following actions to improve hip and knee data to meet the national average and improve quality by developing a process to review the NJR consent, the surgical assessment and consent to ensure that patients' expectations in relation to the potential outcomes of surgery are discussed in order for patients to have realistic information about the potential outcomes of their surgery.

Additional detail relating to hip and knee data

Improvement rate by procedure and measure



Readmissions

Readmissions:	Period	Best		Worst		Average		Period	Oaklands	
	2010/11	Multiple	0.0	5P5	22.76	Eng	11.43	2016/17	NVC12	0.0032344
2011/12	Multiple	0.0	5NL	41.65	Eng	11.45	2016/17	NVC12	0.0031853	

Oaklands hospital is well below the national average for readmissions and considers that this data is as described for the following reasons. Patients are admitted for elective surgery and are generally fit and well prior to admission. We endeavour to ensure that patients are discharged with as much information as possible to and to provide support for patients following discharge to reduce the possibility that they may need to be readmitted.

Patient experience of hospital care

Responsiveness: to personal needs	Period	Best		Worst		Average		Period	Oaklands	
	2012/13	RPC	88.2	RJ6	68.0	Eng	76.5	2013/14	NVC12	92.2
	2013/14	RPY	87.0	RJ6	67.1	Eng	76.9	2014/15	NVC12	89.9

Oaklands hospital considers that this data is as described for the following reasons: This data is no longer collected and data reported is for the year 2014/15

Venous Thrombo-embolism

VTE Assessment:	Period	Best		Worst		Average		Period	Oaklands	
	16/17 Q3	Severall	100%	NT490	65.9%	Eng	95.6%	Q3 2016/17	NVC12	84.9%
	16/17 Q4	Severall	100%	NT414	60.8%	Eng	95.6%	Q4 2016/17	NVC12	88.1%

Oaklands hospital considers that this data is as described for the following reasons; VTE assessment is carried out on all patients assessed for surgery, however the recording of VTE assessment onto the electronic patient reporting system from which the data is reported is not always completed by staff.

Oaklands hospital has taken the following actions to improve this percentage, and so the quality of its services, by training and supervising staff in the data entry for the VTE assessment and also by providing interim reports to identify when patient data is missing from the electronic reporting system so that action can be taken before the mandatory data extract is completed

Clostridium Difficile infections

C. Diff rate: per 100,000 bed days	Period	Best		Worst		Average		Period	Oaklands	
	2015/16	Severall	0	RPY	67.2	Eng	14.92	2016/17	NVC12	0.0
	2016/17	Severall	0	RPY	82.7	Eng	13.19	2017/18	NVC12	0.0

Oaklands hospital considers that this data is as described for the following reasons; we have had no cases of C.Difficile in the reporting period

Serious Untoward Incidents

SUIs: (Severity 1 only)	Period	Best		Worst		Average		Period	Oaklands	
	Oct 16 - Mar 17	Several	0.01	RNQ	0.53	Eng	0.15	2016/17	NVC12	0.00
	April 17 - Sep 17	Several	0	RJW	0.64	Eng	14.85	2017/18	NVC12	0.03

Oaklands hospital considers that this data is as described for the following reasons there have been no serious incidents rated severity 1 in the reporting period. However there was one incident which is categorised as a serious untoward incident (SUI) on the NHS Serious Incident Framework. This has been investigated changes have been implemented and learning has been shared to reduce the possibility of recurrence.

Friends and Family Test staff questions – no data

Oaklands hospital considers that this data is as described for the following reasons staff are not employed by NHS therefore the NHS friends and family test is not asked of our staff

Oaklands hospital has taken the following actions to improve this, and so the quality of its services, by undertaking an Oaklands staff survey.

Friends and Family test patient questions

F&F Test:	Oct	Best		Worst		Average		Period	Oaklands	
	Feb-18	Several	100%	J731/RTFD	63.0%	Eng	96.0%	Feb-18	NVC12	95.9%
	Mar-18	Several	100%	R1H13	83.0%	Eng	96.0%	Mar-18	NVC12	100.0%

Oaklands hospital considers that this data is as described for the following reasons. Although the data appears very good, patient response rates can be very low and this may not be a true picture of how patients rate us.

Oaklands hospital intends to take the following actions to improve this number of responses, and so the quality of its services, by targeting patient experience as an area of improvement over the next Quality Account period.

3.2 Patient safety

We are a progressive hospital and focussed on stretching our performance every year and in all performance respects, and certainly in regards to our track record for patient safety.

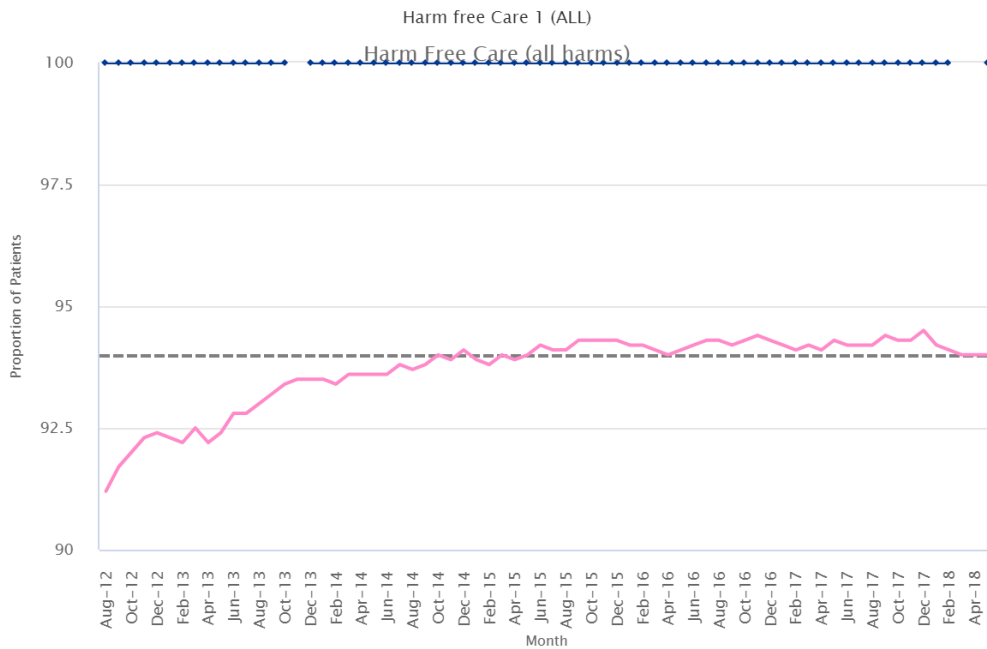
Risks to patient safety come to light through a number of routes including routine audit, complaints, litigation, adverse incident reporting and raising concerns but more routinely from tracking trends in performance indicators.

Oaklands participates in the NHS Classic Safety Thermometer

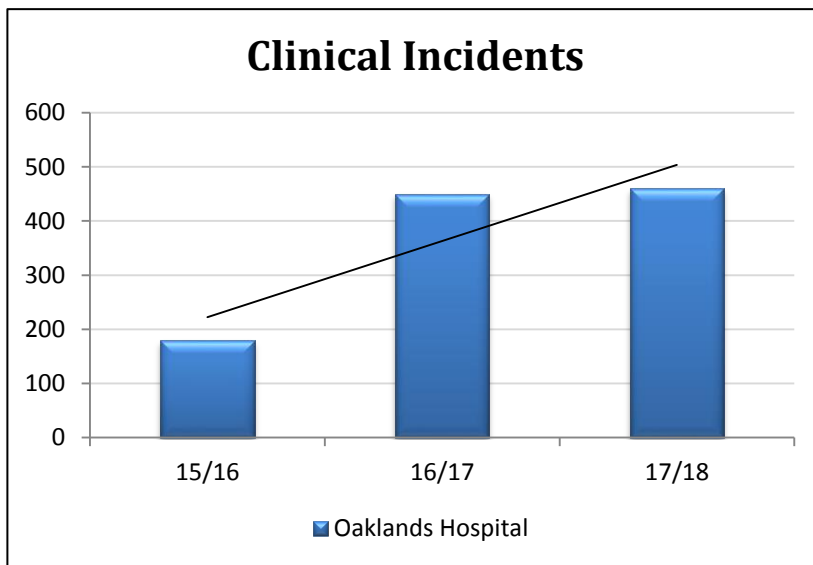
The Classic Safety Thermometer is a measurement tool for improvement that focuses on the four most commonly occurring harms in healthcare: pressure ulcers, falls, UTI (in patients with a catheter) and VTEs.

Safety Thermometer provides a ‘temperature check’ on harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for our patients.

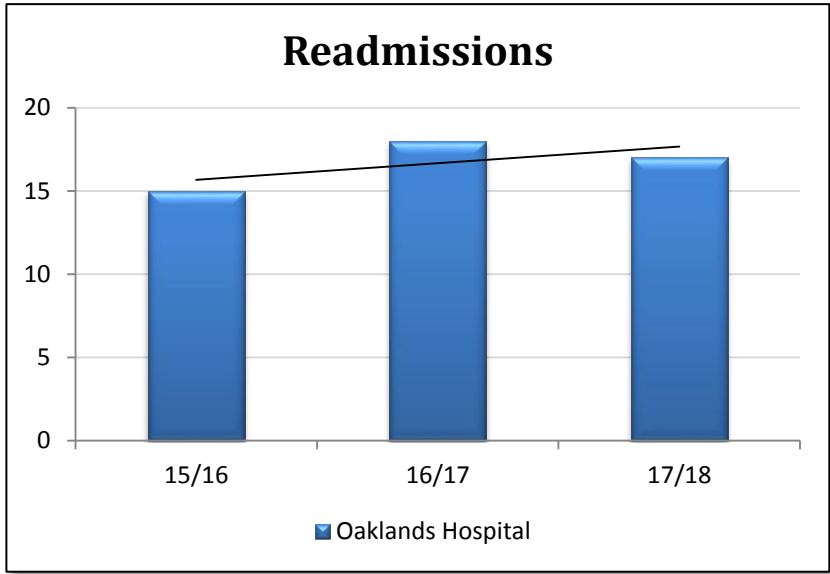
The graph below summarises Oaklands’ data for harm free care over time compared to the national average for key areas; venous thromboembolism (VTE), UTI in catheterised patients, pressure ulcers and falls. Oaklands compares favourably with average 100% harm free, national average is approximately 94% harm free



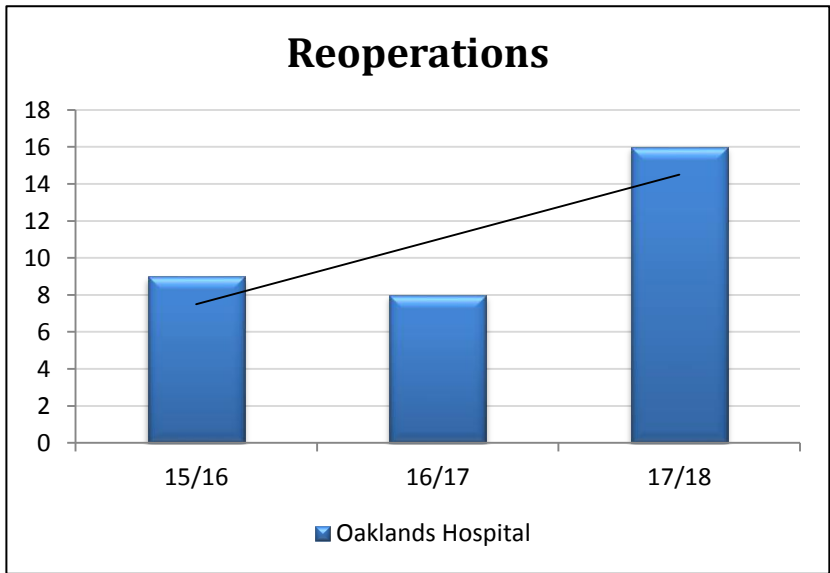
Our focus on patient safety has resulted in a marked improvement in a number of key indicators as illustrated in the graphs below. The graphs show data over the past 3 years and the latest figures being related to over 5000 patient admissions.



This graph demonstrates that there has been a general trend of increasing incident reporting. This can be attributed to staff being encouraged to report incidents as part of the learning organisation and learning from incidents. These graphs show the actual numbers of incident reported and include inpatient and outpatient incidents.

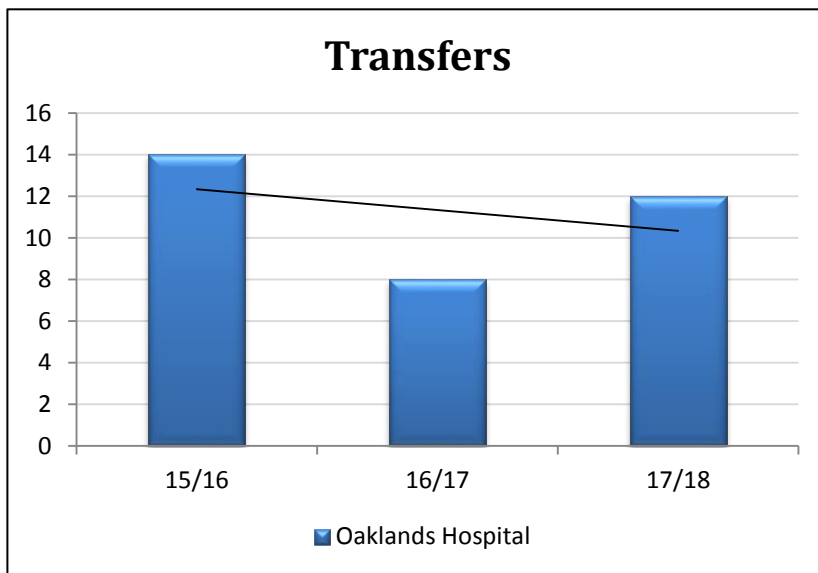


Readmissions have remained at similar rates over the past 3 years. Unavoidable readmissions are reported on the incident reporting system and investigated. Any learning is disseminated to the departments.

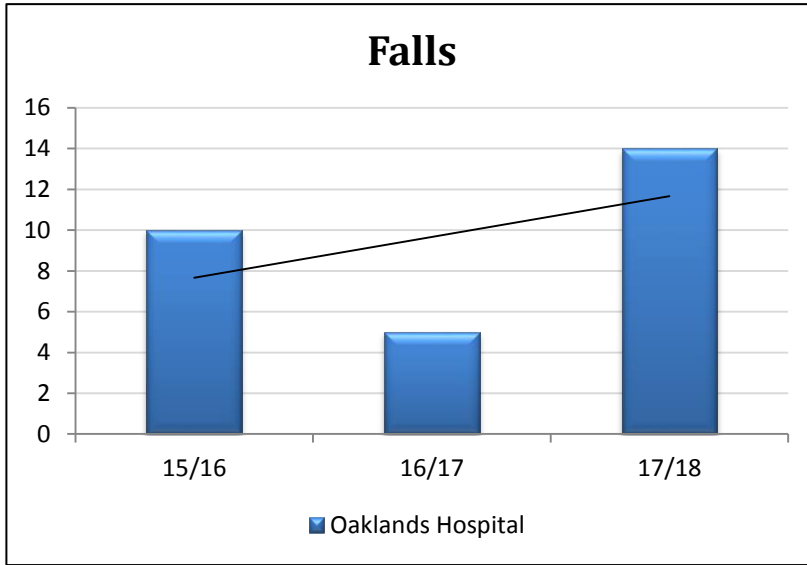


Reoperations (return to theatre within 28 days of initial surgery) have increased slightly over the past 3 years. There does not appear to be a theme for the increase; each reoperation is investigated and any actions for improvement have been implemented. The increase in reoperations

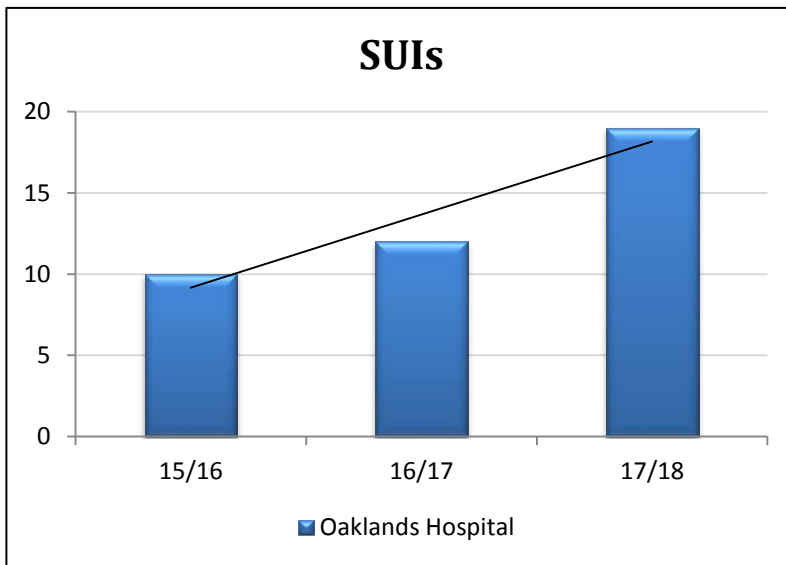
numbers may be explained by the fact that staff have had training in the categorisation of incidents e.g. they may not have previously reported a reoperation as an incident and they do now. It also may be explained by patients being encouraged to contact Oaklands if there are any post-operative problems and some patients who may have otherwise attended the local GP or urgent care centre are now contacting Oaklands directly for post-operative advice, some of this may result in readmission and reoperation



Patient transfers have remained steady over the past 3 years. Patients are usually transferred either with emergency care needs or more complex care needs. Each transfer is investigated and any trends or themes and learning are identified and shared



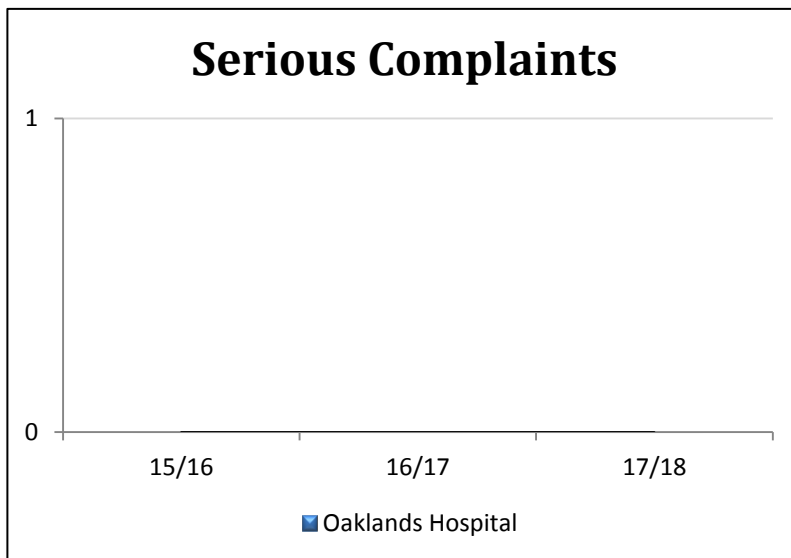
Patient falls have increased, these are all investigated and the trend appears to be patients mobilising without using their mobility aid however the patient falls that have occurred have resulted in no harm and should the trend continue upwards we will instigate a falls group to review cases



The NHS definition of Serious Untoward Incidents (SUI) is detailed in the NHS Serious Incident Framework and there are specific criteria in order for an incident to be recorded and reported as an SUI to our

commissioners they must meet those criteria. Ramsay has an incident reporting system called Riskman and this records harm to patients from 4 being no harm to 1 being serious harm. The data in the graph above is the number of Ramsay defined SUIs and not the number of SUIs meeting the NHS SUI criteria.

Ramsay Serious incidents (harm level 1 & 2) have increased over the past year, however harm level 2 would always be recorded for patients who return to theatre for reoperation, or who are transferred out of Oaklands and these patients will not usually suffer any long term harm; they may have had an infection which required return to theatre for wound washout or transfer of care e.g. for a cardiac event which may be unrelated to surgery. Both of which cases would be recorded as harm level 2. All incidents reported as harms of level 1 & 2 are investigated and learning shared.



Serious complaints are complaints that have not been resolved at a local level and are escalated to the Regional Director. We have not had any of this nature during the past 3 years.

3.2.1 Infection prevention and control

Oaklands hospital has a very low rate of hospital acquired infection and has had no reported MRSA Bacteraemia in the past 3 years.

We comply with mandatory reporting of all Alert organisms including MSSA/MRSA Bacteraemia and Clostridium Difficile infections with a programme to reduce incidents year on year.

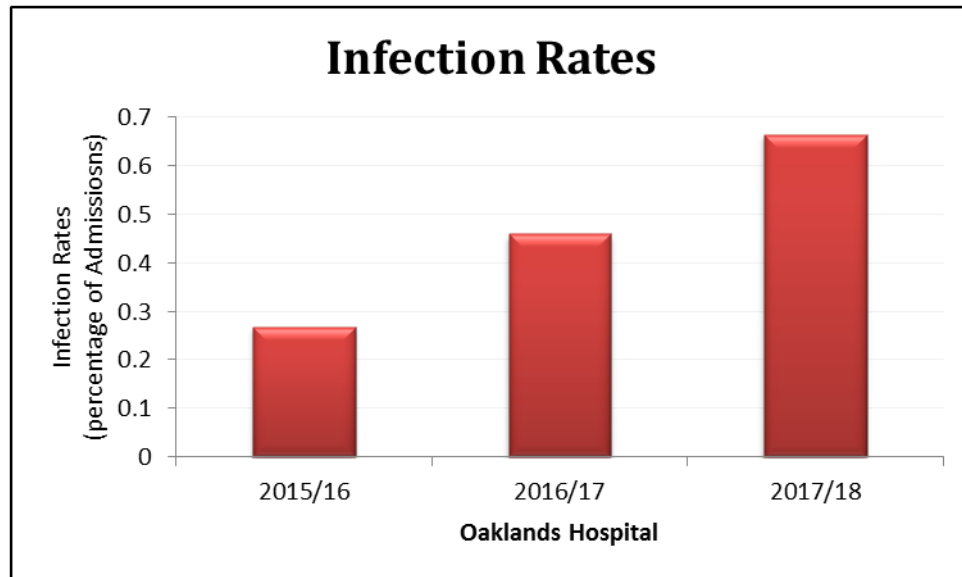
Ramsay participates in mandatory surveillance of surgical site infections for orthopaedic joint surgery and these are also monitored.

Infection Prevention and Control management is very active within our hospital. An annual strategy is developed by a Corporate level Infection Prevention and Control (IPC) Committee and group policy is revised and re-deployed every two years. Our IPC programmes are designed to bring about improvements in performance and in practice year on year.

A network of specialist nurses and infection control link nurses operate across the Ramsay organisation to support good networking and clinical practice.

Programmes and activities within our hospital include:

- Infection Prevention and Control (IPC) training
- IPC audits
- Hand hygiene audits
- Submission of joint infections to the surgical site infection surveillance national audit.
- Sharing data and attending meetings with the local IPC surveillance group



As can be seen in the above graph our infection control rate has increased slightly over the last year however our infection rates remain very low. The analysis of the infections has not identified a strong theme; however we have noted that the body temperature was not monitored consistently in some patient during their surgery and that there is a variance in the skin preparation solution across surgeons. This has resulted in us monitoring temperatures more regularly during surgery and the reiteration of the policy in relation to skin preparation solution.

3.2.2 Cleanliness and hospital hygiene

Assessments of safe healthcare environments also include **Patient-Led Assessments of the Care Environment (PLACE)**

PLACE assessments occur annually at Oaklands Hospital, providing us with a patient's eye view of the buildings, facilities and food we offer, giving us a clear picture of how the people who use our hospital see it and how it can be improved.

The main purpose of a PLACE assessment is to get the patient view.

We have identified that we need to undertake some redecorating which has been planned as a programme of work over the coming months.

We have also identified that there is some work required in order for rooms to be suitable for patients with dementia.

We have an action plan in place which will address these issues

3.2.3 Safety in the workplace

Safety hazards in hospitals are diverse ranging from the risk of slip, trip or fall to incidents around sharps and needles. As a result, ensuring our staff have high awareness of safety has been a foundation for our overall risk management programme and this awareness then naturally extends to safeguarding patient safety. Our record in workplace safety as illustrated by Accidents per 1000 Admissions demonstrates the results of safety training and local safety initiatives.

Effective and ongoing communication of key safety messages is important in healthcare. Multiple updates relating to drugs and equipment are received every month and these are sent in a timely way via an electronic system called the Ramsay Central Alert System (CAS). Safety alerts, medicine / device recalls and new and revised policies are cascaded in this way to our General Manager which ensures we keep up to date with all safety issues.

We have a regular Health and Safety meeting where we discuss any relevant health and safety issues including environmental issues and staff safety and wellbeing issues

Our staff undergo mandatory training in Health and Safety and we participate in an annual health and safety audit for which we action any issues.

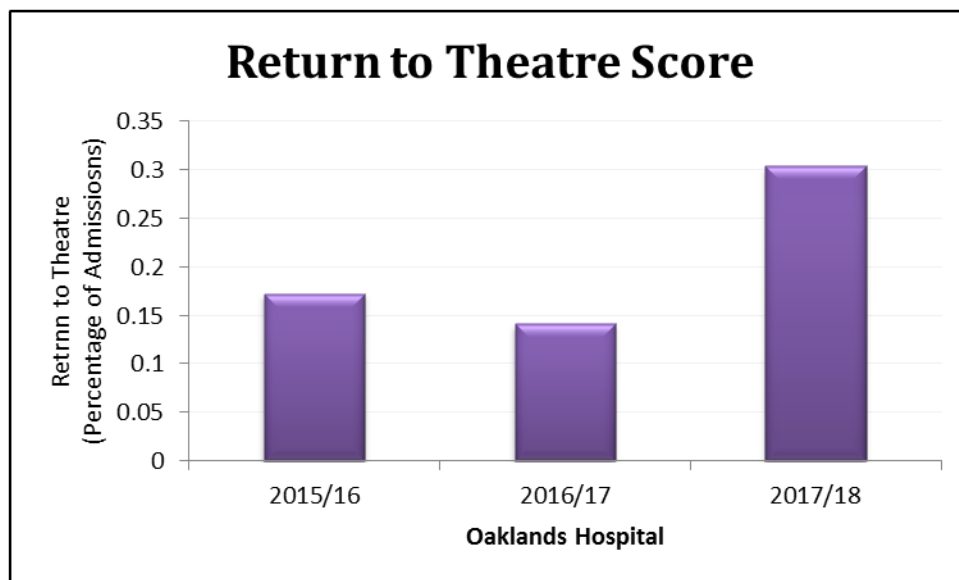
3.3 Clinical effectiveness

Oaklands hospital has a Clinical Governance team and committee that meet regularly through the year to monitor quality and effectiveness of care. Clinical incidents, patient and staff feedback are systematically reviewed to determine any trend that requires further analysis or investigation. More importantly, recommendations for action and

improvement are presented to hospital management and medical advisory committees to ensure results are visible and tied into actions required by the organisation as a whole.

3.3.1 Return to theatre

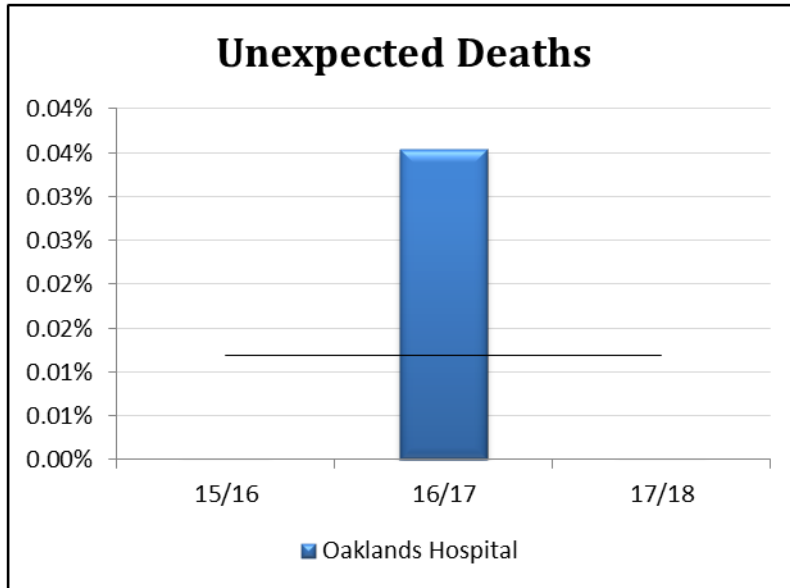
Ramsay is treating significantly higher numbers of patients every year as our services grow. The majority of our patients undergo planned surgical procedures and so monitoring numbers of patients that require a return to theatre for supplementary treatment is an important measure. Every surgical intervention carries a risk of complication so some incidence of returns to theatre is normal. The value of the measurement is to detect trends that emerge in relation to a specific operation or specific surgical team. Ramsay's rate of return is very low consistent with our track record of successful clinical outcomes.



As can be seen in the above graph our returns to theatre rate has increased slightly over the last year. However the rate remains very low.

3.3.2 Learning from Deaths

Oaklands Hospital had no patient deaths during the period 2017/18



3.3.3 Priority Clinical Standards for Seven Day Hospital Services

Oaklands provide services across 7 days and provides the following information to evidence the standards

Standard 1

Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week.

- Patients can choose to be seen in clinics on any day of the week. They can choose this appointment via the NHS eRS service or when they book a follow up appointment
- Consultants in the clinics are available every day and have the same appointment time duration on each day
- Patients have access to the same patient experience reporting and collection over 7 days.

- The volume of patient feedback is too small to measure on a day to day basis and is reported monthly or quarterly in order to protect patient confidentiality

Standards 2 & 3 are not applicable as we do not have any emergency admissions

Standard 4

Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

- All handovers are held in the same format every day.
- Resident Medical Officer is on duty 24 hours per day 7 days per week.
- Consultants are responsible and contactable if needed for the duration of their patient's stay. No consultants are based on site therefore the accessibility is the same every day.

Standard 5

Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Diagnostic tests are available on-site or as part of a Service Level Agreement with microbiology and pathology services. If emergency diagnostic tests are required which we cannot undertake at Oaklands, we are able to communicate and arrange with the Salford Royal NHS trust and transfer the patients via ambulance

Standard 6

Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

- All our patient care is consultant led.
- If emergency transfer is required for a clinical issue that we cannot undertake at Oaklands, we are able to communicate and arrange with the Salford Royal NHS trust and transfer the patient consultant to consultant via ambulance

Standard 7 is not applicable

Standard 8

All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

- All patients at Oaklands are managed by the consultant. They are reviewed as often as is necessary according to their clinical need and this is not day of the week dependant. There is a resident medical officer on site 24 hours per day 7 days per week.
- We do not currently have a High Dependency Unit however should a patient require more intensive care; we would care for them on-site unless the consultant deemed it necessary to transfer them to another unit as part of clinical need.

Standard 9

Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

- Oaklands provides advice and guidance services for GPs to access specialist advice as required
- Patients are discharged on 7 days per week
- Oaklands has an SLA with the local pharmacy to provide pharmacy services for patient take home prescriptions 7 days a week
- Patients are given contact information and advised to contact Oaklands for additional advice or assistance following discharge

Standard 10

All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, seven days a week.

- Where trainees are involved in patient's care, they are expected to work on any 7 days per week. The service and availability of services is not limited to working week days

3.4 Patient experience

All feedback from patients regarding their experiences with Ramsay Health Care are welcomed and inform service development in various ways dependent on the type of experience (both positive and negative) and action required to address them.

All positive feedback is relayed to the relevant staff to reinforce good practice and behaviour – letters and cards are displayed for staff to see in staff rooms and notice boards. Managers ensure that positive feedback from patients is recognised and any individuals mentioned are praised accordingly.

All negative feedback or suggestions for improvement are also feedback to the relevant staff using direct feedback. All staff are aware of our complaints procedures should our patients be unhappy with any aspect of their care.

During 2017/18 Oaklands developed a Patient Experience Strategy in collaboration with patients, staff, and consultants and developed an action plan for improvements to reinforce our commitment to patient experience and during 2018/19 we have pledged to continue with our patient experience work by including it as one of our Clinical Priorities.

Salford Healthwatch have visited to undertake some patient experience work and have published a summary report of their findings on their website.

Patient experiences are feedback via the various methods below, and are regular agenda items on Local Governance Committees for discussion, trend analysis and further action where necessary. Escalation and further reporting to Ramsay Corporate and DH bodies occurs as required and according to Ramsay and DH policy.

Feedback regarding the patient's experience is encouraged in various ways via:

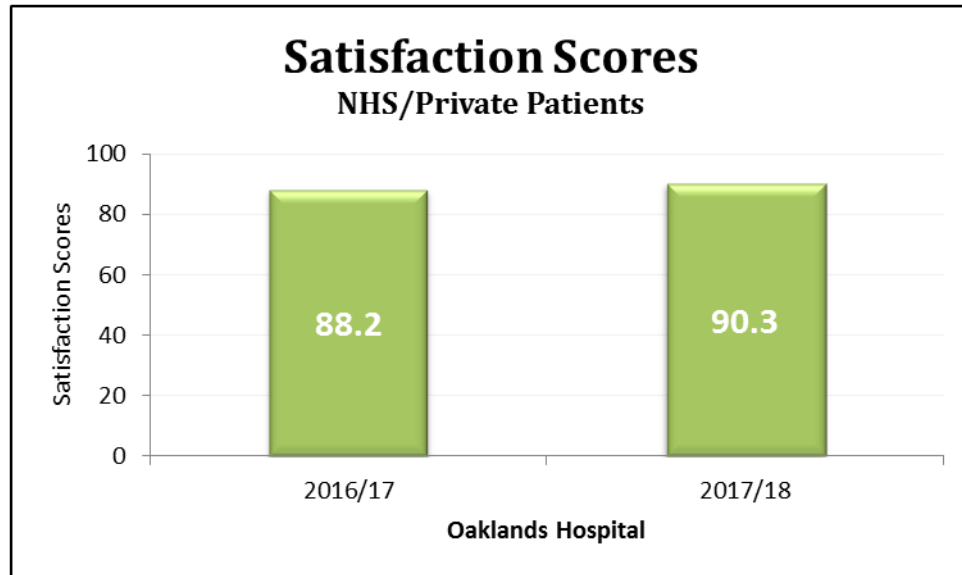
- Continuous patient satisfaction feedback via a web based invitation
- Hot alerts received within 48hrs of a patient making a comment on their web survey
- Yearly CQC patient surveys
- Friends and family questions asked on patient discharge
- 'We value your opinion' leaflet
- Verbal feedback to Ramsay staff - including Consultants, Matrons/General Managers whilst visiting patients and Provider/CQC visit feedback.
- Written feedback via letters/emails
- Patient focus groups
- PROMs surveys
- Person Centred Care – patient are encouraged to read and participate in their plan of care

3.4.1 Patient Satisfaction Surveys

Our patient satisfaction surveys are managed by a third party company called 'Qa Research'. This is to ensure our results are managed completely independently of the hospital so we receive a true reflection of our patient's views.

Every patient is asked their consent to receive an electronic survey or phone call following their discharge from the hospital. The results from the questions asked are used to influence the way the hospital seeks to

improve its services. Any text comments made by patients on their survey are sent as 'hot alerts' to the Hospital Manager within 48hrs of receiving them so that a response can be made to the patient as soon as possible.



As can be seen in the above graph our Patient Satisfaction rate has increased over the last year. This data is anonymous therefore we are unable to differentiate between NHS and private patients however we intend to increase our volume of patient feedback to assure ourselves that the results we have are a true reflection of our patients' experience.

Below are some examples of changes we have made as a result of patient feedback.

- We have updated several of our patient letters:
 - To provide more specific information to patients attending an outpatient consultation
 - Patients attending for an endoscopy procedure now have specific information relating to their individual procedure
 - Pre op letter has been amended to include information about what to expect at the pre op appointment
 - Local and general anaesthetic letters have been updated with nil by mouth information
 - To include information about working with NHS to provide NHS services.

- We have reviewed our 48 hour pre op phone call and now inform patients about providing tea/coffee and biscuits following minor or quick turn over procedures. We also have information about this on display in the Day Surgery Unit. This has been introduced following verbal feedback about the lack of hot food after anaesthetic.
- We have a variety of hot drinks available on the ward including hot chocolate and peppermint tea.
- Visiting times have been expanded
- We have reviewed our pain relief provision and now provide additional codeine analgesia for patients who have undergone major surgery
- We have introduced patient information boards on the Outpatient and Ward areas
- We have introduced a 'one desk check-in' system so that patients check in and make their appointments in one area rather than queueing in the OPD area.
- There is now a follow-up reminder card given when patients attend the mobile scanner vans so that patients are reminded to make a follow up appointment
- Staff photographs have been installed on the walls in the buildings.
- We are in the process of introducing an email system of histology results where SRFT email a copy of results rather than sending paper copies.
- Ward staff conduct the hand over at the patient room rather than at the desk
- We are introducing FP10 prescriptions so that patients do not need to attend their GP to request medication changes before they commence on medication

Appendix 1

CQC Action plan

No.	Action required following CQC inspection July 2017	Update 30 April 2018	RAG
1	All staff must complete mandatory training for their roles	93% staff compliant with eLearning 82% compliant with all mandatory including eLearning and face-to-face training Awaiting confirmation of acceptance of suitability of MAC/DOLS trainer from CCG Safeguarding Lead. This course is the main cause of lower face to face compliance. Programme of MCA/DOLS training underway and will be completed by 31/07/18	Yellow
2	Controlled drugs must be managed safely	Weekly controlled drug audits carried out. Anaesthetic room refurbishment will provide larger CD storage cupboards which will reduce any accidental breakages. Restricted access to keys ensured by use of key safes.	Green
3	All areas should be kept clean	Cleanliness audit has identified areas for ongoing maintenance programme which are scheduled. No further issues of stains or dirty areas identified	Green
4	Risk assessments and preoperative anaesthetic documentation must be completed for all patients	Records audit completed monthly with increasing scores month on month. Anaesthetist records audit has been completed and shared at MAC.	Green
5	WHO checklist must be completed for every patient	WHO checklist audit is completed monthly and kept in theatre. Anecdotal information from visiting theatre staff and anaesthetists is very positive that we are very strict on the completion of these and over and above other in the locality	Green
6	Accurate and contemporaneous records must be kept for every patient	Record keeping audits show records are accurate and contemporaneous	Green
7	Waiting times in clinics should be monitored	Patient experience surveys are available in the Outpatient area and specifically ask about satisfaction with waiting times. Collection underway, first analysis to be undertaken at end March 2018. Reception staff inform patients if there is a delay with clinic and clinic staff update waiting area if delays occur or increase	Green
No.	Action required following CQC inspection July 2017	Update 16 March 2018	RAG
8	All staff should receive an annual appraisal (PDR)	99% of staff had an appraisal in the previous 12 months. The 2 outstanding staff have their appraisal scheduled in the next 2 weeks.	Green
9	All staff should understand what a reportable incident is	Staff undertake Riskman training on induction, it is no longer an additional mandatory training session however HODs and Governance Lead provide ad hoc training for staff when needed. Assistance if needed, is given to staff to complete incident forms and feedback is shared with staff all on the outcomes of incidents at team meetings and on the staff notice board	Green
10	All staff should have a high working knowledge of the Mental Capacity Act	94% of staff have completed safeguarding eLearning training 53% of staff have attended additional standalone MCA/DOLS training. The suitability of this training session needs approval from local CCG Safeguarding Lead to ensure we meet our CCG Safeguarding requirement for MCA/DOLS. Programme of MCA/DOLS training is underway and will be completed by end 31/07/18	Yellow
11	Radiology changing area should be reviewed to improve patient privacy and dignity	Changing room door is on site and ready for hanging, this is on the maintenance job list and will be complete by 31/3/18	Green
12	Leaflets about services and treatment should be available for patients to access in all areas	Leaflet holder is on site. It is on the maintenance list for hanging and will be completed by 31/3/18	Green
13	Serious incident tracker should ensure that all incidents are reviewed and investigated as per policy	Serious incident tracker is no longer in use. All incidents that were recorded on there are now closed. All incidents are now managed via Riskman	Green

Appendix 2 – Clinical Audit Programme 2017/18.

Audit Programme v10.0 2017/18		Hospital Name: Oaklands		Implemented: July 2017							
Authors: S. Harvey / A. Hemming-Allen / S. Needham / N. Carre / A. McDonald		For review: June 2018									
Use arrow symbol to locate required audit											
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
Medical Records - POA, admission, theatre, discharge	Medical Records 88%			Medical Records 80%	Medical Records 89%	Medical Records 93%	Medical Records 97%	Medical Records 94%	Medical Records 97%	Anaesthetist audit 88%	
Patient Journey	Patient Journey 77%									Patient Journey DSU 77%	
Ward	Ward Operational 93%									DSU Operational 84%	
Outpatients	OPD Med Rec 76%										
Outpatients	OPD Operational 94%										
Controlled Drugs					Controlled Drugs 93% + additional audit 98%			Theatre Controlled Drugs 100%			
Prescribing / Medicines Management					Prescribing 87%				Prescribing	Medicines Management	
Medicine Safe and Secure	Safe & Secure 100%		Safe & Secure 100%	Safe & Secure 94%		Safe & Secure 90%			Safe & Secure 57%	Ward Safe & Secure 73%	
Medicine reconciliation	Med Recs 57%		Med Rec 100%	Med Recs 100%		Med Re 100%			Med Recs 29%	Med Recs 66%	
Medicine Missed Dose	Missed Dose 65%		Missed Dose 95%	Missed Dose 95%		Missed Dose 100%	Missed Dose 23%		Missed Dose 87%	Missed Dose 50%	
Radiology	Med Rec 99%										
Radiology	Observational Operational 90%									Observational 87%	
Radiology - MRI / NRR			NRR 100%					MRI Report	NRR		
Radiology - CT		CT Report			CT Report			CT Report			
Physiotherapy	Med Rec 100%							Med Rec 100%			
Physiotherapy	Operational 100%							Operational 100%			
Decontamination	Endoscopy										
Theatre	Operational 62%				Operational 91%	Operational 96%	Operational 90%	Operational 94%	Operational 96%		
Theatre	Observational 86%				Observational 91%	Observational 99%	Observational 99%	Observational 99%	Observational 100%		
Infection Prevention and Control*					Infection Control 95%						
Infection Prevention and Control*	Hand Hygiene 84%						Hand Hygiene 99%				
IPC - Hand Hygiene Action				Hand Hygiene Action 88%	Hand Hygiene Action 60%	Hand Hygiene Action 84%	Hand Hygiene Action 90%	Th Hand Hygiene Action 100%	Hand Hygiene Action 88%	Hand Hygiene Action 80%	
IPC - Environmental	Environ 94%									Environment Apr	
IPC - Cleaning Schedules				Clean Sched 96%		Clean Sched 90%				Clean Sched 98%	
Safeguarding Spot Check											
Transfusion (if applicable)	Compliance 87%										

Oaklands Hospital

Ramsay Health Care UK

We would welcome any comments on the format, content or purpose of this Quality Account.

If you would like to comment or make any suggestions for the content of future reports, please telephone or write to the General Manager using the contact details below.

For further information please contact:

David Winters, General Manager

Hospital phone number

0161 787 7700

Hospital website

<https://www.oaklands-hospital.co.uk/>